



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7924

<b>SERIAL NUMBER</b> 09/835,946	<b>FILING OR 371(c) DATE</b> 04/16/2001 <b>RULE</b>	<b>CLASS</b> 715	<b>GROUP ART UNIT</b> 2174	<b>ATTORNEY DOCKET NO.</b> KEE-0014						
<b>APPLICANTS</b> KRISTOFER E. ELBING, WAYLAND, MA; JONATHAN T. FOOTE, MENLO PARK, CA;										
<b>** CONTINUING DATA *****</b> This application is a CON of 09/028,069 02/23/1998 PAT 6,219,034										
<b>** FOREIGN APPLICATIONS *****</b>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/30/2001</b>										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1						
<b>ADDRESS</b> 26653										
<b>TITLE</b> TACTILE USER INTERFACE WITH APPLICATION-SPECIFIC TACTILE BEHAVIOR										
<b>FILING FEE RECEIVED</b> 721	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees ( Filing )										
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )										
<input type="checkbox"/> 1.18 Fees ( Issue )										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										

ew  
 11/07/07